

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

APPLICANT'S
NAME

DATE

CLAIMS

	AS FIED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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50						
TOTAL IND.	1					
TOTAL DEP.	2					
TOTAL CLAIMS	3					

	IND	DEP	IND	DEP	IND
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					